	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS				Use separate schedule(s) for each category of the		FOR LINE (check on		BER: PAGE 121/122					
				Detailed	Detailed Summary Page		21b 27	22 28a	X 23 28b	2	4 8c	25 29		26 30l
		ed from such Reports rposes, other than us												
$\rangle$	NAME OF COMI	MITTEE (In Full) Inc. Good Govern	ment Com	mittee										
	Full Name (Last,	First, Middle Initial)						Tran	saction ID	: VA	7F5F	RDRFD	7F4	6D4
	Oorbeek Group, The							Date	of Disburs	ement				-
	Mailing Address c/o MSwaniger Business Services, L 3140 West Ward Road, Suite 201							0 6	M / D	20 /	Y	ž 0 1	1 '	
	City State Zip Code Dunkirk MD 20754								unt of Eacl	n Disbu	ırsem	ent this	Perio	d —
	Purpose of Disbu	ırsement										650.0	0	
	In-kind printing, e-mails, phone calls, and faxes for fundraiser.  Candidate Name						011							
	Rely on Your Beliefs Fund						ategory/ Type							
	Office Sought:	House Senate President		ement For: Primary Other (spe	2011 General			In-Ki	nd					
	State:	District:	Contrib	ution										
	Full Name (Last, First, Middle Initial) Pallone for Congress								saction ID of Disburs	ement	7A92			5DB
	Mailing Address PO Box 3176							0 6	M / D	20	Y	ž 0 1	1 Y	
	City Long Branch			State NJ	Zip Code 07740			Amo	unt of Eacl	n Disbu	ırsem	ent this	Perio	d
	Purpose of Disbu	ırsement		140	07740	_	• •	$+$ $\square$			. :	2000.0	0	
	2012 Primary						011							
	Candidate Name Frank Pallone, Jr.						ategory/ Type							
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	State: NJ	District: 06	_					_						
	Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund								of Disburs	ement				OFE
	Mailing Address 209 Pennsylvania Avenue, SE							0 6		20	Ŀ	ž 0 1	1	
	City Washington			State DC	Zip Code 20003			Amo	unt of Eacl	n Disbu	ırsem	ent this	Perio	d
	Purpose of Disbursement 2011 Contribution						044					1350.0	0	
	Candidate Name Rely on Your Beliefs Fund					Ca	011 ategory/ Type							
	Office Sought:	House Senate President		ement For: Primary Other (spe	2011 General		717 -							
_	State:	District:							v v			000	n	$\overline{}$
SI	UBTOTAL of Disbursements This Page (optional)							H			. /	0.000	Ų,	4
т	OTAL This Period	d (last page this line r	umber only)				•							